

State of Alaska

Waiver of Confidentiality for Tax and Other Information Obtained under Title 43

322

A. Federal EIN		Taxpayer Name		
B. Mailing Address		City	State	Zip + 4
C. Physical Address of Business		City	State	Zip + 4
D. Contact Person		Title		
E. Contact Email Address		Contact Phone Number	Contact Fax Number	
F. The above named taxpayer hereby waives its confidentiality rights under AS 43.05.230(a) and authorizes the Department of Revenue to disclose to or request from: Name: _____ Company: _____ Phone Number: _____ its officers and employees, the following information (Please include tax type, tax periods and attach additional pages as needed): NOTE: This waiver is limited to the information listed below. If a taxpayer wishes to authorize the disclosure of additional information other than what is listed, an additional form must be submitted. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ AS 43.05.230(a) provides: It is unlawful for a current or former officer, employee, or agent of the state to divulge the amount of income or the particulars set out or disclosed in a report or return made under this title, except (1) in connection with official investigations or proceedings of the department, whether judicial or administrative, involving taxes due under this title.				
I declare under penalty of perjury that I am authorized to sign on behalf of the taxpayer this application and each attachment has been examined by me and to the best of my knowledge and belief is true, correct and complete.				
G. Signature			Date	
H. Type or Print Name		Type or Print Title		
DEPT USE ONLY				

Department of Revenue, Tax Division
550 W 7TH AVE STE 500
ANCHORAGE AK 99501-3566
Phone 907.269.6620 - Fax 907.269.6644

This form is available online at www.tax.alaska.gov

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Retain a copy for your records

0405-322 Revised 05/10